Case 21-11650-JKS Doc 57 Filed 03/07/22 Entered 03/07/22 14:56:09 Desc Main Document Page 1 of 5

							Ī					
Fill	in this information to	o identify your ca	ase:									
Del	otor 1	Kimberly Mitchell										
l	otor 2 ouse, if filing)					_						
Uni	ted States Bankrupt	cy Court for the	DISTRICT OF NEW J	ERSEY		_						
Cas	se number 21-	11650					Checl	k if this is:				
(If kr	nown)						│ □ Ai	n amende	d filin	ıg		
_											postpetitior lowing date	
0	fficial Form	<u> 1061</u>					\overline{M}	M / DD/ Y	YYY	-		
S	chedule I: \	Your Inco	ome									12/15
sup spo atta	plying correct inforuse. If you are sepa ch a separate shee	rmation. If you arated and you	sible. If two married peo are married and not filir r spouse is not filing wi On the top of any addition	ng jointly, and your s th you, do not includ	spouse i	s livi natio	ing with on about	you, incl your spo	ude ir ouse.	nforma If mor	ation abou re space is	t your needed,
1.	Fill in your emploinformation.	yment		Debtor 1				Debtor 2	or n	on-fili	ng spouse	
	If you have more t		Fundament status	■ Employed				☐ Employed				
	attach a separate prinformation about a employers.		Employment status	☐ Not employed				☐ Not employed				
			Occupation	Senior Supply C	hain M	gr.						
	Include part-time, self-employed wor		Employer's name	LG Electronics								
	Occupation may ir or homemaker, if it		Employer's address	1000 Sylvan Wa Englewood Cliff								
			How long employed ti	nere? 15 years	S							
Dar	t 2: Give Det	ails About Mon	•					_				
Esti spou	mate monthly inco use unless you are s	me as of the da separated.	ate you file this form. If you						·		•	J
		•					For Deb	otor 1			tor 2 or g spouse	
2.			ry, and commissions (becalculate what the month)		2.	\$	9,	121.67	\$_		N/A	_
3.	Estimate and list	monthly overti	me pay.		3.	+\$		0.00	+\$		N/A	-
4.	Calculate gross I	ncome. Add lin	ne 2 + line 3.		4.	\$	9,12	1.67	9	\$	N/A	

Official Form 106I Schedule I: Your Income page 1

Debt	or 1	Kimberly Mitchell	_	C	Case number (<i>if kno</i>	own)	21-1	1650	
			-						
					For Debtor 1		For	Debtor 2 or	
					FOI DEDIOI I			filing spous	
	Con	y line 4 here	4.		\$ 9,121.	67	\$		/ A
		y line 4 nere	•••		<u> </u>	.01	<u> </u>		<u>// </u>
5.	List	all payroll deductions:							
	5a.	Tax, Medicare, and Social Security deductions	5a	١.	\$ 2,227	.05	\$	N	/ A
	5b.	Mandatory contributions for retirement plans	5b	١.		.00	\$		/ A
	5c.	Voluntary contributions for retirement plans	5c.		\$ 817		\$		/ A
	5d.	Required repayments of retirement fund loans	5d	١.	\$ 632		\$		/ A
	5e.	Insurance	5e	١.	\$ 171		\$	N	/A
	5f.	Domestic support obligations	5f.		\$ 0.	.00	\$	N	/ A
	5g.	Union dues	5g	١.	\$ 0.	.00	\$	N	/ A
	5h.	Other deductions. Specify:	5h	.+	\$ 0.	.00	+ \$	N	/ A
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$ 3,848	.39	\$	N	/ A
7.	Cald	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$5,273	.28	\$	N	<u>/A</u>
8.		all other income regularly received:							
	8a.	Net income from rental property and from operating a business,							
		profession, or farm Attach a statement for each property and business showing gross							
		receipts, ordinary and necessary business expenses, and the total							
		monthly net income.	8a	١.	\$ 0.	.00	\$	N	/ A
	8b.	Interest and dividends	8b	١.	\$ 0.	.00	\$	N	/ A
	8c.	Family support payments that you, a non-filing spouse, or a dependent							
		regularly receive							
		Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.		\$ 0.	.00	\$	N	/ A
	8d.	Unemployment compensation	8d			.00	\$-		<u>/A</u>
	8e.	Social Security	8e		. —	.00	\$_		<u>/A</u>
	8f.	Other government assistance that you regularly receive				.00			<u>//A</u>
		Include cash assistance and the value (if known) of any non-cash assistance							
		that you receive, such as food stamps (benefits under the Supplemental							
		Nutrition Assistance Program) or housing subsidies. Specify:	8f.		\$ 0.	00	\$	N	/A
	8g.	Pension or retirement income	– 8g			.00	\$ 		<u>/A</u> /A
	8h.	Other monthly income. Specify:	8h		·		+ \$		<u>/A</u>
				_		.00			
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.	.00	\$	ı	N/A
			_	L		크			
10.	Calc	culate monthly income. Add line 7 + line 9.	10.	\$	5,273.28	+ \$		N/A = \$	5,273.28
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		· —	0,210.20	' -		14171	- 0,2: 0:20
11		e all other regular contributions to the expenses that you list in Schedule	, –						
• • • •		ude contributions from an unmarried partner, members of your household, your		ende	ents, your roomr	nates	s, and		
		er friends or relatives.							
	_	not include any amounts already included in lines 2-10 or amounts that are not	availa	able	to pay expense	es list	ed in S		
	Spe	city:						11. +\$	0.00
12	Δ٨٨	the amount in the last column of line 10 to the amount in line 11. The res	ult ic	the	combined mont	thly ir	ncome		
12.		e that amount on the Summary of Schedules and Statistical Summary of Certai							
	appl							12. \$ _	5,273.28
								Com	bined
									thly income
13.	Do y	you expect an increase or decrease within the year after you file this form	?						
		No.							-
	П	Yes. Explain:							

Fill	in this inform	ation to identify y	our case:			1				
Deb	tor 1	Kimberly Mi	tchell			Che	eck if this is:			
							An amended filing			
	tor 2 ouse, if filing)							wing postpetition chapter the following date:		
` '	,		D.O.T.D.	OT OF MEW JEDOEW						
Unite	ed States Bank	kruptcy Court for the	: DISTRI	CT OF NEW JERSEY			MM / DD / YYYY			
	e number 2 nown)	21-11650								
Of	fficial Fo	orm 106J								
Sc	chedule	J: Your	Exper	ises				12/15		
Be a	as complete ormation. If r	and accurate as	s possible eded, atta	If two married people ar ch another sheet to this						
Part		cribe Your House	ehold							
1.	Is this a joi									
	■ No. Go t	to line 2. es Debtor 2 live	in a conar	ata hausahald?						
			iii a sepai	ate nousenoid:						
			st file Offici	al Form 106J-2, <i>Expenses</i>	for Separate House	ehold of De	btor 2.			
•	Da waw haw		=	·	•					
2.	-	ve dependents?	_	=						
	Do not list L Debtor 2.	Debtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?		
	Do not state	e the						□ No		
	dependents							☐ Yes		
							_	□ No		
								Yes		
								□ No		
							_	☐ Yes		
								□ No □ Yes		
3.	Do your ex	penses include		No			_	□ 165		
		of people other to nd your depende	han _—	Yes						
Par		nate Your Ongoi								
exp		a date after the		uptcy filing date unless y y is filed. If this is a supp						
				government assistance i						
	the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)						Your expenses			
`		,								
4.		or home owners and any rent for th		ses for your residence. In triot.	nclude first mortgag	e 4.	\$	2,002.01		
	If not inclu	ded in line 4:								
	4a. Real	estate taxes				4a.	\$	0.00		
	4b. Prop	erty, homeowner	s, or renter	's insurance		4b.	\$	0.00		
				ipkeep expenses		4c.	·	0.00		
5		eowner's associa			mo oquity loons	4d. 5.	·	645.00		
5.	Auditional	mortgage paym	ents for yo	our residence, such as ho	ne equity loans	5.	Ψ	0.00		

Debtor 1	Kimberly Mitchell	Case number (if known)	21-11650
. Utiliti	es:		
6a.	Electricity, heat, natural gas	6a. \$	250.00
6b.	Water, sewer, garbage collection	6b. \$	160.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c. \$	135.00
6d.	Other. Specify:	6d. \$	0.00
	and housekeeping supplies	7. \$	315.00
	care and children's education costs	8. \$	0.00
	ing, laundry, and dry cleaning	9. \$	150.00
	nal care products and services	10. \$	0.00
	al and dental expenses	11. \$	100.00
	portation. Include gas, maintenance, bus or train fare.	· · · · · · · · · · · · · · · · · · ·	100.00
	t include car payments.	12. \$	150.00
	tainment, clubs, recreation, newspapers, magazines, and books	13. \$	100.00
	table contributions and religious donations	14. \$	0.00
Insura	_	*	0.00
	t include insurance deducted from your pay or included in lines 4 or 20.		
	Life insurance	15a. \$	0.00
15b.	Health insurance	15b. \$	0.00
	Vehicle insurance	15c. \$	206.04
	Other insurance. Specify: Homeowners	15d. \$	125.00
	Do not include taxes deducted from your pay or included in lines 4 or 20.	10u. ψ	123.00
Specif	y:	16. \$	0.00
	Iment or lease payments: Car payments for Vehicle 1	17a. \$	0.00
	Car payments for Vehicle 2	17b. \$	0.00
	• •	17b. \$	
	Other. Specify:		0.00
	Other. Specify:	17d. \$	0.00
	payments of alimony, maintenance, and support that you did not report a sted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I)		0.00
	payments you make to support others who do not live with you.	\$	0.00
Specif		19.	0.00
•	real property expenses not included in lines 4 or 5 of this form or on Sch		
	Mortgages on other property	20a. \$	0.00
	Real estate taxes	20b. \$	0.00
	Property, homeowner's, or renter's insurance	20c. \$	0.00
	Maintenance, repair, and upkeep expenses	20d. \$	
		20d. \$	0.00
	Homeowner's association or condominium dues	·	0.00
Otner	: Specify:	21. +\$	0.00
	late your monthly expenses		
	dd lines 4 through 21.	\$	4,338.05
22b. C	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$	
22c. A	dd line 22a and 22b. The result is your monthly expenses.	\$	4,338.05
Calcu	late your monthly net income.		
	Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	5,273.28
23b.	Copy your monthly expenses from line 22c above.	23b\$	4,338.05
23c.	Subtract your monthly expenses from your monthly income.		
	The result is your monthly net income.	23c. \$	935.23
For exa	u expect an increase or decrease in your expenses within the year after yample, do you expect to finish paying for your car loan within the year or do you expect you ation to the terms of your mortgage?		crease or decrease because of a
■ No			
☐ Ye	Explain here:		

Fill in this infe	ormation to identify your			
Debtor 1	Kimberly Mitchel First Name	Middle Name	Last Name	
Debtor 2	1 list Name	Wilddle Ivame	Lastivame	
Spouse if, filing)	First Name	Middle Name	Last Name	
Jnited States	Bankruptcy Court for the:	DISTRICT OF NEW JERSEY	,	
Case number	24 44050			
if known)	21-11650			☐ Check if this is an amended filing
two married ou must file t btaining mon	people are filing togethe	n connection with a bankrupto	e for supplying correct inform	
s	ign Below			
ا Did you	pay or agree to pay some	one who is NOT an attorney t	o help you fill out bankruptcy	r forms?
■ No				
☐ Yes.	Name of person			Attach <i>Bankruptcy Petition Preparer's Notic</i> Declaration, and Signature (Official Form 1
that they :	nalty of perjury, I declare are true and correct.	that I have read the summary		s declaration and
Kimk	perly Mitchell ture of Debtor 1		Signature of Debtor 2	
Date	March 4 2022		Date	